Çase 18-70651-JAD Doc 145 Filed 04/30/20 Entered 04/30/20 16:13:18 Desc Main

WESTERN DISTRICT OF PENNSYLVANIA

Bibi Fathema Dowlut

Case No. 18-70651 JAD

Reporting Period:

MONTHLY OPERATING REPORT (INDIVIDUAL WAGE EARNERS)

File with Court and submit copy to United States Trustee within 14 days after end of month

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)	1/	
Schedule of Cash Receipts and Disbursements - continuation	MOR-1 (INDV)	. /	
Bank Reconciliation	(33.11)		
Copies of bank statements		1	
Cash disbursements journals			
Copies of tax returns filed during reporting period		,	
Summary of Unpaid Postpetition Debts	MOR- 4		-
Debtor Questionnaire	MOR-5	,	

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

Signature of Debtor	2 20 2020 Date
Signature of Joint Debtor	Date
Signature of Preparer	Date
Printed Name of Preparer	-

FORM MOR (INDV) (10/00) Case 18-70651-JAD Doc 145 Filed 04/30/20 Entered 04/30/20 16:13:18 Desc Main Document Page 2 of 6

Bibi Fathema Dowlut

Case No. 18-70651 JAD

Debtor

Reporting Period:

INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of a bank reconciliationmust be attached for each account.

	Current Month Actual	Cumulative Filing to Data Actual
Cash - Beginning of Month	394.34	Actual
RECEIPTS		
Wages (Net)	T	
Interest and Dividend Income		
Alimony and Child Support		
Social Security and Pension Income	+	
Sale of Assets	 	
Other Income (attach schedule)		
Total Receipts	7	
DISBURSEMENTS		
ORDINARY ITEMS:		
Mortgage Payment(s)		
Rental Payment(s)		
Other Secured Note Payments		
Utilities		
Insurance		
Auto Expense		
Lease Payments		
IRA Contributions		
Repairs and Maintenance		
Medical Expenses		
Household Expenses		
Charitable Contributions		
Alimony and Child Support Payments		
Taxes - Real Estate		
Taxes - Personal Property		
Taxes - Other (attach schedule)		
Travel and Entertainment Gifts		
Oths Other (attach schedule)		
Total Ordinary Disbursements	- Annual Control	
PORCANE ATTOM		
EORGANIZATION ITEMS: Professional Fees	1 1 45	
J. S. Trustee Fees		
Other Reorganization Expenses (attach schedule)		
Total Reorganization Items		
otal Disbursements (Ordinary + Reorganization)		
t Cash Flow (Total Receipts - Total Disbursements)		
	-11	
sh - End of Month (Must equal reconciled bank statement)	394.34	

FORM MOR-I(INDV)

(9/99)

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Bibi Fathema Dowlut

Case No. 18-70651 JAD

Debtor

Reporting Period: 2/2020

INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY	Current Month Actual	Cumulative Filing to Date Actual
Other Income		
1 ,,,,,,,,		
7	5/6	
Other Taxes		
	1 0	
ther Ordinary Disbursements		
	 	
	0	
ther Reorganization Expenses		
	0	

FORM MOR-1 (INDV) (CON'T) (9/99) (

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Desc Main Case No. 18-70651 JAD

Debtor

Reporting Period:

STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes. Attach photocopies of any tax returns filed during the reporting period.

がいません。 また (Annual Control Co	Beginning Tax Liability		Amount Paid	Date Peid	Check No.	Ending & Tax Liability
Federal				1 10 30 9 3		Lindsory
Withholding						
FICA-Employee	×	7				
FICA-Employer						
Unemployment		0				
Income						
Other:						
Total Federal Taxes			NI COLUMN TO A STREET		-	
State and Local	114 J = 1	red alone and	16 Feb. 10		Carlon Land	Assessment and an extent
Withholding				-		
Sales _						
Excise						
Unemployment						
Real Property	-					
Personal Property						
Other:						
Total State and Local	-	-				-
Total Taxes				10-11-11-11		

SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

			Number of I	ays Past Du	e	14 -17 4
	Current	0-30	31-60	61-90	Over 90	Total
Accounts Payable				No. of Concession, Name of Street, or other Designation, or other	5702 70	TOTAL
Wages Payable						
Taxes Payable						
Rent/Leases-Building		/				
Rent/Leases-Equipment		()			-	
Secured Debt/Adequate Protection Payments	/					
Professional Fees						
Amounts Due to Insiders*						
Other:						
Other:						
Total Postpetition Debts			A STATE OF THE PARTY OF THE PAR		CHOCK CONTRACTOR	

Explain how and when the Debtor intends to pay any past-due postpetition debts.		
*"Insider" is defined in 11 U.S.C. Section 101(31).	FORM MOR-4 (9/99)	

Debtor :

Accounts Receivable Reconciliation

Reporting Period:

Amount -

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Total Accounts Pessivable at the heart in a father and	- 4	witht.
Total Accounts Receivable at the beginning of the reporting period + Amounts billed during the period		
- Amounts officed during the period		3
Total Accounts Receivable at the end of the reporting period] [
Accounts Receivable Aging	The same of the sa	ount.
0 - 30 days old	- AH	ounts. Lines.
31 - 60 days old	l	× .1
61 - 90 days old		_
91+ days old	1	
Total Accounts Receivable	1	
Amount considered uncollectible (Bad Debt)	1	
Accounts Réceivable (Net)		
DEBTOR QUESTIONNAIRE Must be completed each month	No.	
. Have any assets been sold or transferred outside the normal course of business	Yes	No - w.
this reporting period? If yes, provide an explanation below:		×
Have any funds been disbursed from any account other than a debtor in possession		7.
account this reporting period? If yes, provide an explanation below.	X	,
. Have all postpetition tax returns been timely filed? If no, provide an explanation		
below.	X	
Are workers compensation, general liability and other necessary insurance		
	$\mid \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \;$	
coverages in effect? If no, provide an explanation below.		
coverages in effect? If no, provide an explanation below.	-	
coverages in effect? If no, provide an explanation below.		

Last statement: January 31, 2020

This statement, February 28, 2020

Total days in statement period: 28

PO Box 190 Indiana, PA 15701 Document Page 6 of 6 800.325.2265

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FATHEMA DOWLUT DEBTOR IN POSSESSION CASE NUMBER 18-70651-JAD 365 OAK KNOLL RD HOLLIDAYSBURG PA 16648-2613

YOUR STATEMENT HAS A NEW LOOK. ALL THE IMPORTANT INFORMATION YOU ARE USED TO SEEING IS STILL HERE. IF YOU HAVE QUESTIONS, PLEASE CALL THE SOLUTION CENTER AT 800.325.2265.

Select Banking

Account number 3004211276 Low balance \$394.34 Average balance \$394.34 Avg collected balance \$394

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
01-31	Beginning balance			\$394.34
02-28	Ending totals	.00	.00	\$394.34

** No activity this statement period **

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00